



Park Nicollet

St. Louis Park Clinic
3850 Park Nicollet Blvd.
St. Louis Park, MN 55416
952-993-3170 appt
952-993-3172 nurse



CSN#

CSN:502860067 ENC#:14398332 MR#:64845132

EXPOSE, JERRY JR 4/6/1968 (47 yrs) MALE

PRF NAME: Jerry HM:651-404-8371

INS:WC PENDING CNT:

APPT:03/01/16 10:20 AM RECK P3850 OCC

RSRC:Edwin H Funk, MD 1104

wcfu ribs doi 12/30/15 CMG Corp

REF:No ref. provider found

ALIND# ORD#

LABEL

03/15/2016 10:20 AM 0000493

HealthPartners

Work Ability Report



EVOCC

Today's date 3-1-16	SS#	Employer CMG Corp
Employer address	Employer contact	Contact phone

Diagnosis **LBT, (M) TENDONITIS (R) ELBOW CONTUSIONS**

WORK STATUS	Work-Related Illness/Injury	Date of Injury
<input checked="" type="checkbox"/> Return to work with no limitations on 3/1/16	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined	12.30-15
<input type="checkbox"/> Return to work with limitations from _____ through _____		
<input type="checkbox"/> Off work totally from _____ through _____ <input type="checkbox"/> Employer notified		
<input type="checkbox"/> Continue same limitations as prior report through _____		
QRC Advised		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

WORK ABILITIES - Patient is not expected to work beyond the limitations listed.

PATIENT IS ABLE TO:	Not At All	Rare ≤10%	Occas. 11-33%	Freq. 34-66%	Cont. 67-100%	Not At All	Rare ≤10%	Occas. 11-33%	Freq. 34-66%	Cont. 67-100%
≤ 5 lbs.	<input type="checkbox"/>	Reach/Lift above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10 lbs.	<input type="checkbox"/>	Squat/Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Lift / Carry						Climbing stairs/ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push / Pull						Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-20 lbs.	<input type="checkbox"/>	Stand/Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
21-50 lbs.	<input type="checkbox"/>	Driving restrictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
51-100 lbs.	<input type="checkbox"/>	Change positions every	<input type="checkbox"/> 1/2 hr.	<input type="checkbox"/> Hrs.	<input type="checkbox"/> As needed					
Bend/twist waist/neck	<input type="checkbox"/>									
Reach below knee level	<input type="checkbox"/>									

UPPER EXTREMITY ABILITIES RIGHT LEFT BOTH

PATIENT IS ABLE TO:	Not At All	Rare ≤10%	Occas. 11-33%	Freq. 34-66%	Cont. 67-100%	Not At All	Rare ≤10%	Occas. 11-33%	Freq. 34-66%	Cont. 67-100%
Grasp--Light/Heavy	<input type="checkbox"/>	Keyboard/Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Repetitive Wrist Motion	<input type="checkbox"/>	Operate Power Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Torque/Crimp	<input type="checkbox"/>	Pinch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

DISCHARGE INSTRUCTIONS AND COMMENTS

MD Referral / Consultation MRI CT EMG

Physical Therapy Splint/Brace/Crutches

Keep Wound Clean/Dry

Change Dressing Every _____

Ice/Heat for 20 Minutes Every _____ Hrs. for _____ Days

Medications X-Ray

WOT AT HOME

RESULT HOME EXERCISE

PRN AM FOLLOWUP

COULDBE W/200 S-102 BY ASTOLENATED (AT HOME)

Nursing Discharge: PDS - Per Department Standards / Clinical Staff Initials _____

RETURN TO CLINIC	MD SIGNATURE
Date Jwh Time 1020 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> As needed	

John Dunne, MD

Victor Van Hee, MD

Edwin Funk, MD

3/15/16

Promptly upon receipt, employee shall submit this form to the employer or insurer. MN Rule 5221.0410 Subpart 6D.